

Case Number:	CM14-0166962		
Date Assigned:	10/14/2014	Date of Injury:	03/31/2008
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old female medical assistant with a date of injury of 03/31/2008. She noted that her injury was from typing, writing and pulling of charts. On 03/28/2014 she noted neck pain, right shoulder pain, left forearm pain, and hand pain. Massage and exercise did not change her condition. She stated that surgery made her condition worse. She had left carpal tunnel release surgery in 2001 prior to this injury. She was taking medication for diabetes and hypertension. She had a Tinel's sign at the left wrist. On 09/28/2014 she had left medial elbow pain. She had good range of motion of her hands with no swelling or erythema of the hands or wrists. She had good strength of her hands and wrists. There was minimal tenderness of the hands and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 67, 72, and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78-80.

Decision rationale: Guidelines provide recommendations for on-going management of opioid medication usage. Actions should include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; the lowest possible dose should be prescribed to improve pain and function; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. Further recommendations are the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion), and continuing review of overall situation with regard to non-opioid means of pain control. Consultation with a multidisciplinary pain clinic may be considered if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Norco is an opioid, and the documentation provided for review does not meet the above-listed criteria for on-going opioid treatment.

Cymbalta 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 67, 72, and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Guidelines state this medication is recommended as a first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. On June 13, 2008, the FDA approved a new indication for Duloxetine HCl delayed-release capsules (Cymbalta; Eli Lilly and Company) for the management of fibromyalgia in adults. In this case, there is no documentation of neuropathic pain or fibromyalgia.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 67, 72, and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Mobic is a non-steroidal anti-inflammatory drug. Guidelines recommend the use of NSAIDs for osteoarthritis (including knee and hip), as a second-line treatment for acute exacerbations of chronic back pain, and possibly for neuropathic pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. In the case of this patient, examination of her hands revealed no synovitis. There was no sign of osteoarthritis. She has no FDA-approved indication for NSAIDs treatment.